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MARCH
1975

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VOL. XXXI, No. 3 MARCH 1975

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The official bulletin
for The Hampden District
of The Massachusetts
Medical Society.
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William A. R. Chapin, M.D.

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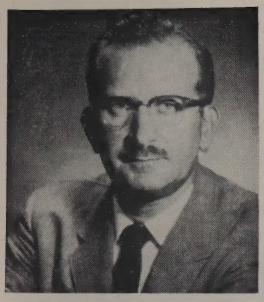

Your President's Page

Tops on My List!

Uppermost in the minds of practicing physicians today is the future of professional liability insurance. As a follow up to such matters discussed last month on this page, I would like to have reprinted the present status of physicians coverage in Mass. The February 24, 1975 issue of "American Medical News," carries a nationwide survey entitled "State-by-State survey finds professional liability woes in many regions." This information was furnished by the state medical society executives and the premium figures are for $100,000/300,000 liability limit coverage.

"The Massachusetts Medical Society has no exact figures on premium increases, but said a Class V anesthesiologist who paid $622 in 1972 paid $4,000 last year.

Claims frequency reportedly is increasing about 10% a year. St. Paul reports that in 1974, it insured 4,197 MDs and had 264 claims, paying a total of $821,-000.

The medical society sponsors a program with Argonaut that covers about 1,500 physicians, but St. Paul is the major carrier, with about 60% of the market. Travelers, Hartford and Aetna also write policies; Liberty Mutual just dropped out of a contract with the American College of Physicians.

Medical society officials say that Argonaut will not pick up any new physicians, and that there are reports that Argonaut may attempt to break its contract with the society, which expires in March, 1978."

The only *new* physicians Argonaut, (state society sponsored) will insure, are new physicians entering practice in the state for the first time, and physicians joining a group of corporation already insured by Argonaut. In addition it appears that unless new legislation is passed soon, new policies written after July 1, 1975 will all be on claims-made basis. This is very unsatisfactory from the physicians viewpoint and should be rejected if at all possible.

Next of importance to the practicing physician is the place of the AMA as his representative in attaining goals of good medical practice for physicians and patients. We must never forget that self-interest by physicians may not prove beneficial unless it also includes better medical care for the patient. In this age of consumerism, patient care must be primary in all our considerations.

CONT. NEXT PAGE

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Two prime reasons patients drop out of hypertensive therapy are (1) the patient failed to understand directions, and (2) the regimen was overly complicated. Dosage is simple with 'Dyazide', easily understood, once or twice daily, depending on response. There's no need to complicate the regimen with potassium supplements or unwieldy potassium-rich diets.

TO KEEP BLOOD PRESSURE DOWN AND KEEP POTASSIUM LEVELS UP

Before prescribing, see complete prescribing information in SK&F literature or *PDR*. The following is a brief summary.

Indications: Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. Also, mild to moderate hypertension.

Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, **check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently**—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

Supplied: Bottles of 100 capsules; in Single Unit Packages of 100 (intended for institutional use only).

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We are often asked, "why should I support the AMA?" What has the AMA done for physicians? If not the AMA, who is responsible for the deteriorating image of the physician?"

First it must be agreed that all physicians benefit from and are affected by AMA activities. In retrospect one can find many areas where the AMA leadership could have done better. Perhaps they were overly conservative, coming in too late with too little. There has been a shake-up in the AMA leadership and younger, forward moving voices are now to be heard with increasing vigor and impact on important issues. My personal observation during several trips to AMA leadership and public relations meetings in Chicago have impressed me that a new day is dawning.

When the AMA works relentlessly to increase the Keough deductions for self-employed physicians up to $7,500 a year, everyone involved gains whether he is a paying member or not. When the AMA stopped pre-admission certification by threatening to sue HEW, every practicing physician and his patient gained.

Leadership provided in the scientific, educational and ethical areas of medicine reflects favorably on us all. Therefore, it would seem that all who gain by the activities of the AMA, (and that includes everyone of us) should support the organization by becoming a dues paying member and should actively participate in his county or district and state society, and eventually directly in national AMA activities.

Applications for membership are available at the District office. Physicians now more than ever need a strong unified voice to preserve the fee for service concept and freedom from increasing government intervention.

Bernard Bloom, M.D.
President HDMS

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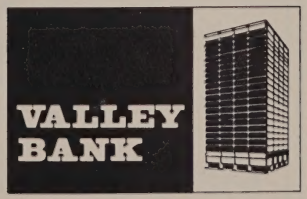

In Memoriam

Frank J. Jordan, M.D.
1915-1975

Dr. Frank J. Jordan of 11 Brookside Circle, Wilbraham died on the third of February in the Medical Center of Western Massachusetts.

Dr. Jordan was born in Stoughton, Massachusetts and graduated from Stoughton High School, received a B.S. degree from Boston College and his M.D. from Tufts University Medical School in 1940. His internship was received at St. Mary's Hospital, Waterbury, Connecticut, and his residency was in Union Hospital in Fall River.

He was licensed to practice in Massachusetts in 1947 after serving in the U.S. Air Force during World War II. He became a member of the Hampden District Medical Society in 1947.

Dr. Jordan was in private practice until 1970 when he served on the Emergency Staff of the Medical Center of Western Massachusetts until his death.

Deepest sympathy is extended to his family, friends and associates.

Addendum: Frank Jordan and his family were close friends and neighbors of mine for some years. A kinder, friendlier man could not be found as a neighbor who took care cheerfully of all the little "kiddies" when they went knocking on "Doc's" door with splinters, cuts, etc. All the children as well as the parents had a special place in their hearts for Doc Jordan.

Vivian M. Purdy

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HiLites of the

Executive Committee Meeting
Hampden District Medical Society

The Executive Committee assembled at 7:00 P.M. on Tuesday February 18, 1975 in the Conference Room of the Hampden District Medical Society.

Present were Drs. Bloom, Cox, Moore, Asinas, Zacarian, Cummings, Janovsky, Goldberg, Kelly, Smith, Kraus and Mrs. Purdy.

The Board of the Springfield Academy of Medicine was present at the request of the President, Dr. Alan Peck, to discuss the future of the Academy. Present from the board were Drs. Kendrew, Flahive, Magill and Mrs. Lunt.

Dr. Peck presented the problems of the Academy. The Academy has 252 paying members and 200 physician members. It is 63 years old with a budget of $16,000.00, and the library uses 1/3 of the budget. Cost of acquiring books and periodicals have increased because of inflation. He compared the budget of the Academy with the budget of the Medical Society. Then Dr. Peck spoke about the Boston Medical Library and the $10.00 State Medical Society dues which goes to support it. There was much discussion of this problem and it was finally decided that both presidents appoint a joint committee to study and bring in a report.

The members from the Academy thanked the Executive Committee for listening and departed.

The Executive Committee then convened at 7:45 P.M. to hold its regular monthly meeting.

The minutes of the January Executive Committee were read and approved as read.

CORRESPONDENCE

1. A letter form INTRAV was read as informational.
2. A letter from the Hampden County OBGYN signed by Dr. Zadworny was read and discussed. The Committee voted to ask Dr. Zadworny for further information on the program to be presented on Channel 22 on "Women's Health Week."

CONT. NEXT PAGE

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3. The Western Massachusetts Health Planning Council wrote asking for the committee's opinion about a Computerized Axiol Tomography Scanner to be purchased by the Medical Center of Western Massachusetts. After much discussion, it was voted to answer yes to the Council as to a need in Western Massachusetts.

OLD BUSINESS

1. Dr. Bloom gave the committee the latest information about the liability insurance and the workings of Dr. Gibbs, Chairman of the State Medical Society Committee. Dr. Dasco and Dr. Bye have been appointed from Hampden to serve on a sub-committee under Dr. Gibbs. A meeting was held Wednesday, February 19, 1975 at 6:00 P.M. at 22 The Fenway with sub-committee and Dr. Gibbs.

2. Mr. Sabbagh, Fire and Casualty Actuary for the Department of Banking and Insurance from the Commonwealth of Massachusetts acknowledged the letter sent him last month from Dr. Janovsky.

3. The Long Range Planning Committee sent a long report. The Committee asked that copies be sent to them for study before the next meeting.

NEW BUSINESS

Dr. Bettigole of the Hampden County OBGYN group wrote giving information about the new Ambulatory Surgical Facility to be opened soon at 130 Maple St. The Committee voted unanimously that Dr. Bettigole be invited to attend the next meeting of the Executive Committee to explain in more detail the opening of this Surgical Center.

A letter from the American Medical Association over Dr. Todd's signature was discussed relative to AMA membership. A volunteer chairman for membership was asked for by Dr. Bloom. No volunteers were made. Dr. Bloom will assume chairmanship and work with Mrs. Purdy on this. The AMA will send a membership printout upon receiving the agreement form.

Dr. Bloom felt that trustees should be appointed to govern the Scholarship loan program for the Dr. Max Millman Memorial Fund; appointed to serve are Drs. Bloom, Coen, Ayres, Griffin and Dr. S. Goldberg. This committee will be an Ad Hoc Committee on a rotating basis. This action was approved by the Executive Committee.

Dr. Bloom gave a brief report of the happenings at the M.M.S. Council meeting held on Wednesday, February 12, 1975.

At the National Leadership Conference in Chicago, Dr. Bloom attended a PR meeting. At this meeting a small pamphlet was given out with rules and regulations for meeting with the press. Dr. Bloom gave this pamphlet to Dr. Asinas for him to peruse and approve or disapprove and having a similar one printed for Hampden District Medical Society.

NEXT PAGE PLEASE

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Dr. Smith gave a report on an old insurance policy that had been issued some ten years ago to members which is obsolete. It was suggested that Dr. Smith talk with Dr. Tillman, Chairman of the District Members Insurance Committee.

Dr. Edelin's case (Boston physician) on abortion was discussed. It was the feeling of the Committee that no action will be taken at this time.

Dr. Kraus has resigned from the Malpractice Medical Legal Affairs Committee, Dr. Bloom will appoint a replacement.

Mrs. Purdy gave a report about a physician wanting to list in the yellow pages of the telephone book in Northern Connecticut. The Southern Bell Telephone Company has cooperated with the Connecticut State Medical Society in ruling for listing. The Executive Committee ruled that this physician may not list in the yellow pages of the Northern Connecticut Telephone Book.

The meeting was adjourned at 9:45 P.M.

Respectfully submitted,
Carl W. Janovsky, M.D.
Secretary

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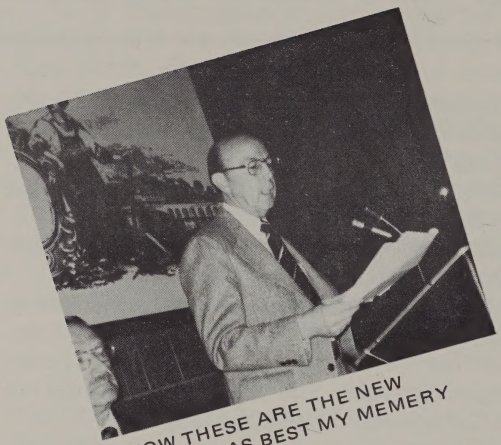

NOW THESE ARE THE NEW BYLAWS AS BEST MY MEMERY SERVES.

HOW MANY PACK YEARS EQUALS SUCH A SMOKE FILLED ROOM? IS THE COUNTER OUT FOR THE COUNT?

Poet's Corner

An old but still true dictum
Tells us how we licked 'em,
Qui desiderat pacem,
Tie 'em up and sack 'em.
Write it clear on vellum
Give 'em holy hellum,
O! praeparet bellum.

HNS

CRANIOTOMY ANYONE? $\overline{S}$ OR $\overline{C}$ INSURANCE.

THE STUFF THAT MAKES DISTRICT MEETINGS – FELLOWSHIP & FOOD.

The February issue of your Hippocrat was to have given you a list of the important bills under study in the General Court, along with the consensus of Massachusetts organized medicine. Because of the importance of the issues, they have been included this month. Become an activist—at least read thru the list and make some comment to your patients and your legislators!

State Legislative Proposals 1975

House Bills

H263 Amending the Drug Formulary Law. Dept. of Public Health. *Oppose.* MMS opposed this bill the past two years. (Health Care)

H578 Requiring the inclusion of nurses notes in hospital records. Rep. Gallugi. *Oppose.* (Health Care)

H579 Encouraging the creation of health maintenance organizations as alternative systems of health care in the Commonwealth. Rep. Hatch. *Oppose.* (Health Care)

H777 Requiring licensed physicians to pay an annual licensing fee. Rep. MacBride. *Oppose.* (Health Care)

H1688 Prohibiting any person who has reached seventy years of age from the practice of medicine. Rep. Donovan. *Oppose.* (Health Care)

Senate Bills

S635 Amending Chapter 112, Section 2 permitting registration renewal by registered physicians. Sen. Atkins. *Oppose.* (Health Care)

S636 Establishing rights of patients in hospitals and clinics. Sen. Atkins. *Oppose.* (Health Care)

S642 Establishing an experimental neurosurgery review board. Sen. Backman, Atkins. *Oppose.* (Health Care)

S673 Clarifying the Generic Drug Law. Sen. Sisitsky, Atkins. *Oppose.* (Health Care)

S1127 Requiring medical reports on certain persons to be made to the registrar of motor vehicles. Sen. Mackenzie, American Auto Assoc. *Oppose.* (Public Safety)

House Bills

H2070 Repeal of the psychotropic law in public schools. Mass. Medical Society. *Support.* (Education)

H2098 To establish a Commission on Medical Injury Compensation. Mass. Medical Society. *Support.* (Health Care)

H2929 Extending health benefits for certain persons. Rep. LaFontaine & Sen. Foley. *Support.* (Insurance)

H2949 Regulating the medical examination of a rape victim. Rep. MacLean. *Support.* (Judiciary)

H3288 Developing guidelines and regulations governing the listing of physicians in telephone directories. Rep. Collins and Ms. Lydia A. Ciesla. *Support.* (Government)

H3664 Granting minors the right to privacy for the treatment of venereal disease. Rep. Cohen. *Support.* (Health Care)

H3801 Regulating the sale of hearing aids. Robert H. Quinn & Rep. McGee. *Support.* (Commerce & Labor)

H4814 Establishing the model new born children's insurance program. Rep. LaFontaine. *Support.* (Insurance)

H4980 To require that optometrists refer persons with certain eye signs and symptoms to ophthalmologists. Rep. Desrocher. *Support.* (Health Care)

H4981 Providing for an investigation and study by a special commission relative to the use of behavior modification techniques. Rep. Fantasia. *Support.* (Health Care)

OVER PLEASE

Senate Bill

S109 Directing the Commissioner of insurance to prescribe uniform health insurance claim forms. Sen. Foley. *Support.* (Insurance)

S133 Exempting certain persons from civil liability as a result of rendering certain emergency medical care. Sen. Foley. *Support.* (Judiciary)

S276 Concerning the medical report of an incapacitated, disabled or deceased physician before the industrial accident board. Sen. Lewis. *Support.* (Commerce & Labor)

S444 Directing the University of Mass. Medical School to develop certain programs relating to the problems of the "sudden infant death syndrome" commonly knows as crib death. Sen. LoPresti. *Support.* (Education)

House Bills

H54 Permitting minors to consent to certain medical care. Office of Children. *Support.* (Judiciary)

H180 Clarifying the word "observation" as appearing in the law governing mental health and mental retardation. Dept. of Mental Health. *Support.* (Health Care)

H593 Providing for indemnity payments of a medical service corporation under certain circumstances. (Identical—H.B. 2111). Rep. Navin for Israel Hurwitz, M.D. *Support.* (Insurance)

H598 Extending to certain persons the exemption from civil liability for emergency first aid or transportation rendered to injured students. Rep. Ames. *Support.* (Judiciary)

H782 Providing for the inclusion of protection against catastrophic illness costs in health insurance policies, employees health and welfare funds, hospital service contracts and medical service contracts. (S-1691-Sen. Foley's Bill) Reps. Duffin, LaFontaine, Sen. Foley. *Support.* (Insurance)

H1116 Establishing the rights of patients in hospitals and clinics. Rep. King of Danvers. *Support.* (Health Care)

H1524 Exempting para-medics from civil liability as a result of rendering certain emergency care. Rep. Danovitch. *Support.* (Judiciary)

H1685 Governing the practice of acupuncture. Rep. Bertonazzi. (Health Care)

H1926 Limiting access to the records, reports and proceedings of hospital medical staff review committees and professional standard review committees and to exempt such records, reports and proceedings from discovery and admissibility as evidence. Rep. Craven. *Support.* (Judiciary)

H4989 Establishing a joint underwriting association for medical malpractice insurance. Rep. Bertonazzi. *Support.* (Insurance)

H5003 Requiring hospital service corporations to issue at a reduced rate family group policies which contain an option that maternity benefits be excluded. Rep. La Plante. *Support.* (Insurance)

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Hobbies—The March Theme

For many, if not most of us, by training, personality and the dominating nature of our profession (not to mention the deluge of paper work required of us) we find it difficult to utilize what spare time we have to pursue or develop outside interests or hobbies.

These articles published below demonstrate how some of our colleagues do find the interest and the time to pursue them. We proudly initiate this series of articles with the expectation that with succeeding issues we can present to our readers the hobbies and pleasurable pursuits of other physicians of Hampden District.

Alonzo D. Sheffield, M.D.

The Roar of Sports Car Racing!

Dr. Ray Anton like many other physicians has had a long standing love affair with the automobile. His interest and involvement has really flourished in the past two years, however, and he is now one of the leading amateur sports car drivers in the United States.

Ray's interest began in his early teens, when by his own admission, he "devoured every car magazine I could get my hands on." He worked on his family's cars, and bought and rebuilt a crashed Volkswagon which he used throughout medical school at the University of Vermont. At the end of his

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On Antiques and Collecting

The doctor's waiting rooms, in general, reflect the esthetic poverty of the profession. While most of us no longer depend on the cast-off dining room sets of our mothers-in-law, and the less secure hire interior decorators, the final result in either case is far from felicitous. While interior decorators provide harmonious colors with an ensemble of fabrics, carpeting, wallpaper, the art objects themselves are usually ersatz. Standard formulas of decorating result in a slick impersonality, so that the patient feels completely alienated. The objects of "art"

NEXT PAGE PLEASE

(RACING CONT.)

internship, he had saved enough to buy a Corvette. While searching for some special suspension parts for his new car, he met John Fuller, the leading Corvette driver in the Northeast, and it was through him that Ray was introduced to sports car racing. Ray became a member of John's pit crew learning the intricacies of racing and the preparation of the car. He used this knowledge to set up his own car for autocrosses, low speed time trial events run in large parking lots with cones or pylons to designate the course. He became very successful at this, winning 21 out of 25 events entered in 1972.

His wife Pat decided not to sit on the side lines and ran in the lady's class picking up more than a dozen wins. At the end of the 1972 season, Pat won the lady's division with 64 points to the second place girl's 18 points, and Ray took Class A men's championship with 69 points to the second place man's 24 points.

By the latter part of 1972, he was looking for a greater challenge and decided to enter high speed time trials at road racing tracks like Lime Rock, (Connecticut). He was equally successful here winning all but one event and set a record for all street cars which no one has come close to in three years.

In 1973, he went to two mandatory competition driving schools and received his novice permit from the Sports Car Club of America. He competed in a few regional races and by the end of 1973, was second in the New England Road Racing Championship for B/Production (350 cubic inch Corvettes).

NEXT PAGE

(COLLECTING CONT.)

are usually bad reproductions, pretentiously framed, or badly mounted, and are an insult to the taste of any humanist.

Most physicians have been esthetically deprived. This is understandable in view of the young doctor's preoccupation with the premedical sciences, competitive examinations, board certification and the insular nature of medicine in general. Few physicians interact with anyone other than other physicians and, as a group, physicians are more provincial than any other profession. Teachers, lawyers, engineers, architects are infinitely more aware of other disciplines and their concerns are usually more wide-ranged. This, I believe, is because their work crosses into many areas.

However, there are exceptions and I would like to deal briefly with the subject of doctors as collectors. One should define a collector as someone who has more than he needs. It is not fair to say that a person who has antiques in the house is a collector. If all the antiques are in use, it cannot be called a collection, but a matter of preference. I prefer old things, because they have survival value, have stood the test of time, and have a quality that endures. It doesn't mean that they are any better than all modern pieces. There are modern classics that are widely accepted by architects and designers, because they are well-conceived and are harmonious with things from any period. They are the antiques of the future.

A couple of doctor friends are great enthusiasts of oriental rugs. They prefer them to modern wall to wall carpetings. Not only were these old rugs

NEXT PAGE

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(RACING CONT.)

Although he had not competed in enough events to earn his national license by April, 1974, the licensing committee, after examining his record, waived the requirement and issued Ray his national license. This allowed him to enter any sports car race in the country. Ray showed them that their confidence in him was not unfounded. He won the pole position in the first four National races entered and won the first three, mechanical problems preventing him from winning the fourth.

He also continued to run the regional events in the Northeast where he went undefeated in eight events to capture the New England and North Atlantic Road Racing Championships. On the national scene, Ray led in the standings from the first race of the season until the last race when professional driver Bob Tullius surpassed him in points. He then received and accepted an invitation to participate in the Champion Road Racing Classic in Atlanta, the olympics of sports car racing, where he finished a respectable seventh.

With the exception of actually building the engine, Ray does all the mechanical work on the car himself. He checks every nut and bolt on the car before each race, checks the timing and sets the valves. Change of oil and lubrication are also mandatory each weekend. Each Spring every piece in the suspension and drivetrain is X-rayed or Magnafluxed to detect any invisible cracks or potential weak areas in the components.

His concern with safety has led him to have the car equipped with a full roll cage and fire extinguisher equipment. Ray wears fire proof underwear

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(COLLECTING CONT.)

cherished by the nomadic tribes that made them, but the design motifs were handed down for thousands of years from prerecorded times. They enriched the lives of their makers, as well as their buyers and, for us today, they represent a great esthetic tradition, which is widely accepted and prized. They are, therefore, a good investment, as well as a joy to contemplate and walk on.

Now, when these rugs become an object of acquisition, rather than purchased for use, they become parts of a collection. Instead of being on the floor, rarer pieces are put on the wall. When the walls are full, they are stored in air-conditioned, dehumidified rooms, the objects of accumulation. The doctor has become a collector!

When the doctor becomes a collector, he usually becomes an avid collector, because he has the discipline to study and the resources to acquire. Because of the financial commitment, he also develops some expertise. The physicians who have collected rugs, Chinese porcelain, wedgewood, impressionist prints or paintings, old master drawings or graphics, for example, have not only had the joy of contemplating their proud possessions, but have, on the whole, done better than their colleagues who spent their time preoccupied with the Dow Jones Average, stock splits, or new issues that have been floated, victims of economic vicissitudes with neither beauty nor glory.

When one collects in one area, one understands the collector in other areas; because all collectors share the excitement of the search, the development of the "selective eye," and the final victory, the new acquisition!

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55th ANNIVERSARY YEAR

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(RACING CONT.)

and driving suit as well as face hood and helmet. Additionally, he is the medical safety director for sports car racing in the Northeast and is one of seven physicians in the United States on the national race medical safety committee. It is through this committee that many safety requirements have been mandated for racing cars with the resultant decrease in driver and spectator injury.

A typical weekend starts late Friday or early Saturday. The car must be towed on a trailer to the various tracks in the Eastern U.S., traveling time ranging from two to fifteen hours. Saturday morning, the car receives a technical inspection by SCCA officicials as to its safety and legality. Practice sessions and qualifying for the Sunday race ensue. Suspension adjustments and other modifications to the car are also carried out during Saturday to achieve ultimate performance for the various tracks and conditions encountered. Sunday morning is usually very quiet mainly because most communities have ordinances against the running of unmuffled engines. Sunday afternoon is race time. The excitement and thrill of competition is augmented by the sounds and sights of hundreds of racing cars in the various classes with each of their drivers anxious for victory. After the race is over, it is time to load the car back onto its trailer and head for home, satisfied in the knowledge that one has done his best. Monday morning finds Ray at the Noble Hospital administering anesthesia.

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(COLLECTING CONT.)

However, soon the new acquisition becomes an old acquisition and, because no collection can ever be called complete, there are obvious gaps, which the collector feels compelled to fill in. This is a result of the collector's knowledge of the field and his expertise.

He also, by this time, has made friends with other collectors in the same field. There is a friendly competitiveness in being one up on the other fellow.

Collecting is really not a noble hobby; several of the seven deadly sins are involved, but so long as it remains a hobby, and not one's sole preoccupation, it can afford the physician with another area of abiding interest far from his profession and yet engrossing enough to provide him with a relaxed preoccupation where the decisions are not a matter of life or death.

Everyone should have the opportunity to act out a fantasy life, and collecting will usually provide the physician with a sociably acceptable avenue for dreaming.

Malcolm W. Bick, M.D.

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(RACING CONT.)

Ray's greatest thrill and surprise, though, came this past January when at the Sports Car Club of America's national convention, he was presented with the Castrol Rookie of the Year Award, given annually "to the road racing driver showing the greatest promise, based on driving ability demonstrated during his first year of SCCA National Championship racing."

For this year, he plans to continue running in the National Championship races. He has received some sponsorship from Earl Daly Chevrolet, Westfield, and although unsuccessful so far, hopes to find a national sponsor to help him with his racing effort. If this occurs, he plans on entering the professional races in the Eastern United States.

Ray Anton, M.D.

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The Joy of Flying

You want to learn to fly a plane. You're sick of the highway, and with precious time off available only in limited quantities, you conclude that flying will permit you and your wife and kids to make the most of the time you have. In addition to this supposedly solid reasoning, you have deep emotional feelings about flying, stemming from an earlier pleasure ride you took as a boy.

The whole idea struck me almost overnight, in the middle of my internship, when I discovered an ideal place to learn—a small airport ten minutes from the hospital with a friendly operator and reasonable rates for instruction and plane rental. A sudden but short-lived embolism lodged in my daydreaming-brain when the thought occurred to me that the spouse was not going to like the idea one bit, especially if the process took one penny of my meager salary, one minute of my time off or involved a plane with less than three spare engines and a co-pilot with 10,000 hours. I signed up anyway, was addicted by the middle of the first lesson, borrowed $500 and said nothing to my wife. Flying time was squeezed into stretched lunch hours on my least demanding rotations and late afternoons "on my way home." Six months and 42 flying hours later, license in hand, I walked in the door one Saturday morning and

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told my wife she was going for an airplane ride—with her husband at the yoke. Reluctantly, she climbed aboard, loathed every minute from takeoff to touchdown, and resolved never to fly with me again until I had an airline transport rating and a plane to match.

It wasn't long until she began to appreciate the convenience of turning five or six hour drives fighting weekend traffic into 90 minute flights, looking down on the cars crawling below like ants, and best of all, getting there without the usual back seat mutiny from the boys, feeling as if you just left home!

A renter pilot until recently, I joined a group of private pilots who had formed a successful flying club, and purchased my share of the club's Cessna Skyhawk, a four place, fully instrument equipped, single engine plane. At 75% power, (135 mph) cruising at 9,000 feet, one can travel 780 miles in just under six hours on full tanks. Few points of interest in New England are more than an hour away, including the Cape, Nantucket and Martha's Vineyard. Adequate airport facilities and ground transportation exist at almost every vacation spot, not to mention the increasingly popular fly-in ranches and campgrounds where lodging, meals and recreation are provided specifically for pilots and their families.

The vast network of omnidirectional radio beacons, radar control centers and flight service stations funded by my federal tax dollars not only aids me in getting where I'm going, but helps me to resent my tax deposits a little bit less. Considerable savings can also be claimed by the purchaser of an aircraft by decreasing tax liability through the use of deductions and credits, particularly the direct tax credit on each gallon of gasoline used for aviation in addition to the deduction of all state and local taxes.

Above all, the sheer enjoyment and satisfaction of flying are most rewarding. For me, it provides total release from anything left behind on the ground. The challenges of trip-planning, navigation, radio communications and aviation weather that I find exceptionally stimulating are certain to uncover a whole field of knowledge and enjoyment for the interested pilot prospect.

The culmination of any man's hobby arrives when his family not only tolerates his enthusiasm but comes to share it. There's more than a ray of hope for my sons, but I seriously doubt the day will ever come when Linda asks to borrow the keys to the plane.

Paul Titus, M.D.

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Trains

It is difficult to date my first real interest in trains but I recall vividly the arrival at Christmas-time of a Lionel train at age 9 and, subsequent to that, an outdoor Buddy-L train consisting of a crane and caboose. Following this, several friends and I began a lot of train watching. A collection of photographs of steam locomotives of eastern, principally New York Central, locomotives began. This interest carried into early college years and included trading photographs with other enthusiasts around the country. In those days (late 1930's) there were a number of "railroad fan trips" which I went on. I also worked for one summer during college at the Renssalaer-Albany roundhouse of New York Central on the 3-11 shift. This was absolutely the dirtiest job I had ever had in my life but it did not discourage my interest in trains. The locomotives I was assigned to hose down as an "engine wiper" were probably the cleanest on the system.

My interest in model railroading lay largely dormant during the period of medical school, for obvious reasons, and during my internship and other training. However, during the two years I was in the Navy, from 1946 to 1948, I did have the opportunity to get started in 00-gauge, which I later abandoned in 1951 because HO-gauge, which is slightly smaller, offered much greater opportunities in the form of available kits, equipment, and supplies.

The next major step was in 1957 when a rather extensive S-gauge setup was built for my three boys. Over the years I had begun to work in HO-gauge in the form of assembling kits but I had not been able to have a real layout. On moving to Suffield in 1965, a small HO-gauge layout was set up but the cellar was totally inadequate. When my wife and I built a new house in 1971 it included a "train room" in the cellar, and I began the construction of a fairly extensive layout. I had considerable help from my sons, particularly Steve, and from two neighbors. This is still very much in an evolving stage but the trackwork and electric circuitry is completed and the next major step, other than the continued construction of structures for the layout, includes the actual building of scenery, including tunnels, mountains, hills, etc. The basic arrangement is two levels and includes a large yard, roundhouse, turntable, diesel house, industries, stations, and freight house. Over the last several years I have acquired a number of engines, both diesel and brass replicas of steam engines, primarily New York Central.

The basic concept of the railroad is a combination of the New York Central (and Boston/Albany) along with my own railroad, the "Central New England." The original Central New England ran largely in this same area of Connecticut and Massachusetts and, in fact, a branch of the Central New England went within approximately 1½ miles of my present house. The Central New England was many years ago swallowed up by the New Haven, and its former trackwork is largely long-since abandoned.

I continue to collect photographs of trains, largely 35 mm. color slides. My interest in this shared by at least one of my boys. I attend the monthly meetings of the Amherst Railway Society. When I get the opportunity it is fun to visit other model railroaders in this area to see some of their layouts and absorb some of their ideas. Although most of my traveling is of necessity, I take every reasonable opportunity to ride a train, such as the "Blue Train" in South Africa and the "Broadway Limited" of Amtrak, as well as recently the "Southern Crescent." My only comment is that it is not only a lot of fun but it is an ideal way to keep one's sanity and sense of balance.

William M. Davis' M.D.

THE PAGE OF THE HDMS'S WOMAN'S AUXILIARY

The Valentine Party at the Springfield Municipal Hospital seemed to me to be what the Hampden District Woman's Auxiliary is all about. It was caring . . . sharing . . . and bringing fun and happiness into the lives of those aging and sometimes lonely people at the Municipal. The evening was a real success . . . an evening filled with music, laughter, and happy faces. About 100 patients, many of them in wheelchairs, attended the party. They seemed to thoroughly enjoy the music provided by Louis DeSoucy and his Golden Agers . . . a multi-talented group who seem to "think young" though they are all nearly eighty years old. Melodies of yesteryear brought happy memories to many of the patients . . . and those able to do so, joined in the singing and dancing. The beverages and desserts served by the Auxilians seem to buoy their spirits, too.

A round of applause to Mrs. Peter Krokidas and her enthusiastic committee for a job well-done. (SEE PHOTOS NEXT PAGE)

* * *

The Art Auction

If any of you have been staring at bare walls at the office or at home, then you should have been a part of the action at the Art Auction at Sheraton West on March 5. It was a visual delight . . . a large room filled with paintings of every description and style . . . ably accommodating individual tastes and inclinations. The tables of food were beautiful also . . . and all too irresistible!

Through long and careful planning, Pat Twible and Helen Gallivan put a fun-packed evening together . . . an evening yielding double dividends. In addition to enjoying one self, one was able to make sound investments in art and an investment in the future of promising young students since the proceeds of this event went into AMA ERF.

We thank Pat and Helen and their committee for a wonderful evening . . . and hopefully there will be another such Art Auction in the future of the Woman's Auxiliary. If so, don't miss it!

Ladies, mark your calendar for April 29 . . . our final luncheon of the year!

Del Chabot
Publicity Chairman
Woman's Auxiliary

Editor's Note: A worthwhile evening, only the poor turnout was a disappointment. Physicians you missed some good art at fair prices.

Ernest A. Byron, Jr.

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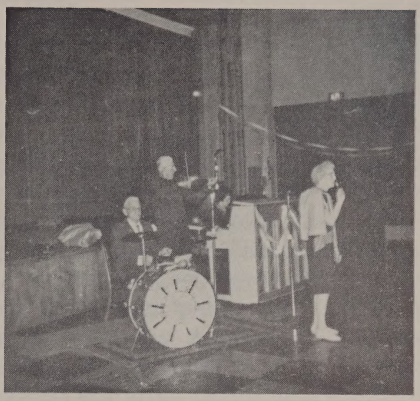

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The Music Man

T.L.C.
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Peak Bagging As A Hobby

or How to be a Happy Ex-Golfer

It all happened nine years ago after my golf game went to hell. I had developed that unmentionable affiliction sometimes called a "Polish lateral," a "hole shot," or (at the risk of causing all my former companions of the fairways to cross themselves, burn incense, or simply turn pale)—a *shank!!* Predictable by its unpredictability, the shank lies in wait for the unsuspecting golfer and strikes at the moment when hopes are highest and the taste of victory sharpest. It causes strong men to weep and weak men to beat their caddies. After two years of fighting this incurable disease, I quit cold turkey and retired to lick my wounds at our small vacation home in Vermont. Here I was soon bored to death trying to play a role for which I am congenitally unfitted—that of the handyman about the house. Instead, I became that bane of all housewives, "man underfoot."

My dear wife began to realize that my former golfing absences from home had really been a blessing. She stated that she married me "for better or for worse, but not for lunch," and she racked her brains for ideas to get me out of the house again. Using the argument that I should spend more time with our children, she pointed to a map of Vermont and said, "Here is a line on the map called the Long Trail. Why don't you take the boys for a hike—a good, long one!"

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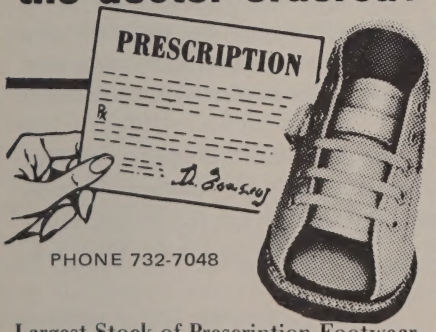
And that is how it began. With a Long Trail Guide Book and packs laden with about fifteen pounds more camping equipment than we were ever to carry again, we were off! The Long Trail stretches from Massachusetts to Canada along the spine of the Green Mountains. It is broken up into a dozen sections of twenty to thirty miles each which makes it ideal to hike on weekends, holidays, and vacations. Two years later, my son, Sean, and I finished our last section to earn our "End to End" patches. The thrill of being able to look anywhere up and down the Green Mountains in the entire State of Vermont and know that you have hiked there was enhanced by the presence of a *Sports Illustrated* reporter and photographer who made a pictorial feature of our exploit which we still treasure.

By this time my wife's Machiavellian schemes had backfired and she was caught up in hiking almost as much as our two younger sons. We decided to tackle the White Mountains. Here the Appalachian Mountain Club hut system makes hiking an almost luxurious stroll. About this time we learned that there was a New Hampshire arm of the AMC called the "Forty-Sixers," membership in which was offered to all those who had climbed the forty-six peaks over four thousand feet. Two years later, Sean and I had our New Hampshire forty-six peaks and looked for new worlds to conquer. Next came the mountains of Maine. Within a year we then had our New England Four Thousand Footers, which is sixty-three mountains over four thousand feet to be exact.

Somewhere in the middle of our New Hampshire hiking, it became apparent that "getting" the peaks was now an obsession. We studied maps, outlined itineraries, packed food supplies, checked calendars, planned car drops. Once Sean had his New England peaks there was a retracing of steps over nineteen of the tougher ones to allow our youngest son, Mike, to catch up. In the foggy clouds overlying the mystical Mt. Adams, Mike completed his New England Four Thousand Footers.

NEXT PAGE PLEASE

We have just what the doctor ordered!



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Once again we looked for new trails and new peaks to bag. This led us into another world of great outdoor experiences in the Adirondacks of New York. Here, too, there are forty-six peaks over four thousand feet. After four more years of great hiking, climbing, and backpacking experience, the ADK 46'er patch was sewn on the old suede hiking shirt next to the Long Trail and New England patches.

There remains just one more goal in the northeast. There are two four-thousand foot mountains in southern New York State. Climb those and you belong to the select 111 Club—one hundred and eleven four-thousand foot mountains. Can you guess what eager lady is going to climb them with me? Bears or no bears—Madame Machiavelli herself!

Now do you see what a shank will do for you? If you will just bring the clubhead back very slowly and swing from inside out . . . .

Robert D. O'Malley, M.D.

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Fly Fishing in Western Massachusetts

Just a few introductory remarks on entymology—the May fly is the principal food source, while caddis, stone flies and fresh wet shrimp, as well as terrestrials such as beetles, spiders, bees, inch worms are also important. The May fly is the main order imitated by the artificial and will be used as the example. Trout (and other fish, e.g., bass, punkinseed, calico bass, pickerel) feed avidly all year long on these insects.

The May fly deposits the fertilized egg on water or rocks. These eggs find their way to a suitable spot where they develop into a nymph. Wing cases are formed and the nymph subsequently wends its way to the surface, unfolding its wings en route, and upon reaching the surface is ready for flight. They light upon objects adjacent to the stream where they mate and restart the cycle. These three phases of development must be imitated to successfully lure fish. The nymph is fished slowly on the bottom; the wet fly in such a way as to mimic the emergent form; and the dry fly on the surface to simulate the adult either dropping to the surface to oviposite, or to mate.

The strike on the nymph may be ever so light, requiring experience to appreciate it in time to set the hook. The wet fly strike is usually quite forceful. The fish may hook itself in fast water. As for the strike on the dry fly, there is nothing quite like it. The fish may leap several feet out of the water when the hook is set. One must learn to "read the water," looking for dimples, swirls, and signs of fish feeding. Various types of water are best for different techniques and are learned by experience.

May flies hatch at different times of the day, depending upon the weather, usually on a warm Spring day, around blossom time. There may be many exciting hatches throughout the entire day. Small flashes of silver or gold are seen under the surface of the water, evidence of fish feeding. The May fly may be seen emerging, the fish slurping them in as they hit the surface. Fish are very selective at the time of a goodhatch, therefore one must "match the hatch" with regard to color, size, shape and presentation. Fly fishing, a true art, requires patience, persistence, study, and natural curiosity.

We are blessed in this area with excellent water, both in stream and pond. One has only to read the local sports columns to learn of good fishing spots. Stream fishing is the most exciting and challenging. It is a solitary sport, however, usually pursued by a few close pals, kindred spirits who have learned to love the sport, also, by a hardy few who can take a spill, a soaking, and bear frozen fingertips occasionally.

Some of the best hours of my life have been spent on the Konkapot, fishing the evening rise (before the gas shortage). However, my children now love to go, and we have taken to fishing on such lakes as Goose and Garfield, dapping a fly toward the shore from a canoe. A good bass on a fly rod is a match for any trout, as are calicoes and large bluegills. It takes time to learn the art of fly rodding. For this reason I have used flies on a bobber on a spinning rod as a substitute for my kids, with good results.

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Fly Fishing, cont.

There is no thrill like catching a fish on a fly that one has made in his own shop. They need not be fancy; in fact the black hackle, a most simple fly, has produced admirably this year. I was faced with making my own flies due to the illness of my fly tyer, and it was not until then that I really enjoyed fly fishing.

The Swift River is a good place to start. There are now areas for "fly fishing only" just below the Windsor Dam. There are many good stores in our vicinity that will provide reasonably priced, balanced outfits and appropriate flies. This is a sport for the old and young—one that you can plan for all winter, and dream about on cold nights while tying artificials down by the boiler. You will learn to love nature, wade with beaver and muskrat, and be on close terms with warblers, wood ducks, insects, and an occasional snake. One must not overdo. Learn to wade carefully. Nothing in the water will harm you, especially in waders.

W. W. Byrnes, M.D.

—READER, PLEASE NOTE—

This issue of your Hippocrat is devoted to the devotee's of avocations and hobbies. Dr. Alonzo D. Sheffield and Dr. Setrag A. Zacarian, both associate editors, volunteered to commandeer and extract from friends and fellow physicians articles of themselves and their hobbies. The results follow and make good copy. Here above, you will find unedited, uncensored, unexpurged and uninhibited selections from some of the submitted material. Hopefully more will follow—this will be determined by you the reader. I thank these two physicians for the excellent job they have done, I hope you will too.

(MORE DOES FOLLOW NEXT MONTH)

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Letter to the Editor:

Walton E. Stevens, M.D.
Editor in Chief
The Hampden Hippocrat
24 Salem Road
Longmeadow, Massachusetts 01106
Dear Doctor Stevens:

In the January 1975 issue of *The Hampden Hippocrat,* there appeared certain comments on Dr. Bernard Bloom's "President's Page" about hospitals that should not go unchallenged. I hereby request that this letter be printed in full in the earliest possible issue of *The Hampden Hippocrat* to answer some of Dr. Bloom's ill-founded allegations.

Specifically, Dr. Bloom devoted one paragraph of his "President's Page" to hospitals. I would particularly like to refute his comment that physicians have been "playing an increasingly smaller role in hospital affairs." Regardless of whether or not physicians are on the Board of Trustees, their recommendations and decisions as to programs, services and care rendered to individual patients are the true deciding factors in the establishment of hospital policy and cost of patient care. This has always been the case and is probably more so at the present time. I am not saying that the physician should not have this major role, but it is ridiculous for a practicing physician who is also the President of a County Medical Society not to recognize that it exists.

I would also dispute that at meetings of Hospital Board Executive Committees "that policies involving hospital, patients and physicians are made." The important decisions are made on the administrative and medical staff levels. Usually, these two latter groups work together and make recommendations to a Hospital's Board of Trustees which are almost always accepted by the Board and made into policy. I cannot remember one single instance in my own institution when policies affecting doctors were made by a Board of Trustees except on the recommendation of that Hospital's Medical Staff and Administration.

Dr. Bloom rhetorically asks the question "Is it the physicians' concern when budgets in hospitals are rising out of sight . . . ?" There is the definite implication here that hospital costs are "rising out of sight" because of inefficiencies or irresponsibility on the part of Hospital Administration or Boards of Trustees. Dr. Bloom continues that sentence by saying that "efficiencies could be put into practice to reduce hospital costs. . . . " I wonder how many such efficiencies have been recommended by Dr. Bloom to the Administration of the Hospitals on which he has staff privileges. I would venture to say that no such suggestions have been made and that Dr. Bloom has, in fact, no such suggestions. I would venture also to say that

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Dr. Bloom is not at all aware of why hospital costs are so high and the major effect that Medical Staff recommendations and decisions have, whether in the area of general policy or in the area of specific orders for patients, on the cost of hospital care.

If Dr. Bloom has suggestions as to how hospital costs can be reduced, I and all other Administrators in the area would be happy to entertain such suggestions. If he does not, his next "President's Page" should contain a complete apology to the Administrators and Boards of Trustees of the local hospitals whose integrity he has impugned.

Dr. Bloom then asks the question "is it a concern of the physician when one district out of thirteen in the state has five hospitals which do not have a contract with the Blue Cross?" As Administrator of a local hospital, I was amazed recently when I found that Dr. Bloom, as President of the Hampden District Medical Society, appeared to be unaware of the reason that the five hospitals are without a contract. He had the further temerity, without any authority from the hospitals, to set up a meeting between officials of the Medical Society, Blue Cross and the hospitals to investigate this situation and to determine the reason for the hospitals' non-contract status.

If Dr. Bloom, as an active member of the Medical Staff of several local hospitals, at least two of which do not contract with Blue Cross, and as a resident of the local area, does not know after more than two years why these hospitals do not have a Blue Cross contract, his head must be buried in the sand up to his navel. This issue has received more publicity in the local news media and internally in the hospitals, themselves, than any other issue I can think of in the more than twenty-five years I have been working in hospitals. I would suggest that, if Dr. Bloom, at this point, does not know why these hospitals do not have a contract, no amount of explanation is going to help him, and I would make the suggestion that he stay out of hospital politics and hospital business and stick to Urology.

Thank you for printing this letter.

Cordially yours,

Harold B. Pine
Administrator—Holyoke Hospital

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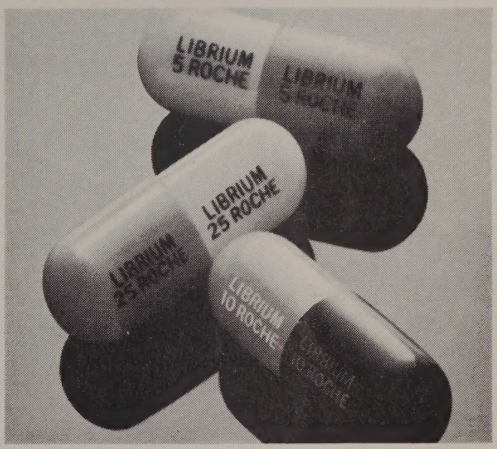
Please see following page.



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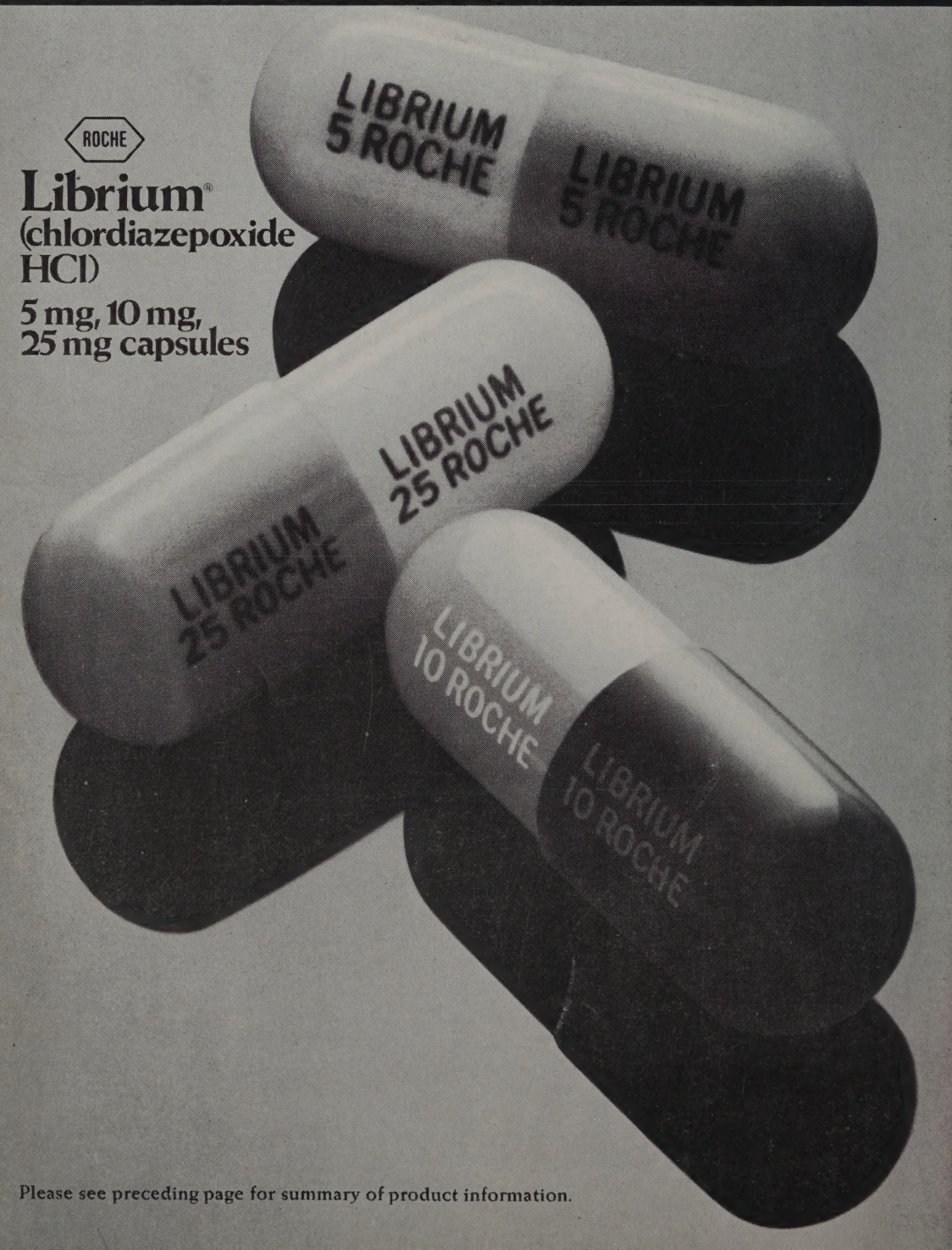

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